

# THE CALIFORNIA HOMŒOPATH.

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## ORIGINAL ARTICLES.

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### A CATECHISM ON THE FIRST VOLUME OF HAHNEMANN'S CHRONIC DISEASES.

BY PROF. SAMUEL LILIENTHAL, SAN FRANCISCO.

*[Continued from last month.]*

26. As long as the psora eruption is yet existing upon the skin, psora exhibits itself in its simple and most natural integrity, and may be cured in the easiest, quickest and safest manner; but when the internal disease is deprived of its vicarious symptoms, the psoric poison is forced to spread over the most delicate parts of the internal organism and to develop its secondary symptoms.

27. The psoric poison having pervaded millions of organisms for thousands of years, has gradually developed out of itself an endless number of symptoms, varied according to differences of constitution, climate, residence, education, habits, occupation, mode of life, diet, and various other body and mental influences; herein different antipsoric remedies will be required for the eradication of the psoric poison.

28. Only the recent itch, with the eruption still existing upon the skin, can be completely cured by one dose of sulphur, but such a speedy cure is not always possible, as the age of the patient has great influence upon the result of the treatment.



In eruptions which have existed for some time on the skin, it ceases to be a vicarious symptom for the internal disease, and secondary psoric affections will manifest themselves; in such case sulphur does not suffice, and it requires several antipsorics for a cure.

29. With relation to diet and mode of life, whatever is injurious to the action of remedies must be avoided, and with lingering diseases we must consider the age, occupation and social condition of the patient. Strict diet alone will hardly ever cure a disease and it is unreasonable to insist upon a mode of life which is impossible for a patient to follow; only that which is generally injurious to health, ought to be carefully avoided.

30. Rich patients must walk more than they usually do; moderate dancing, rural entertainments, music and amusing lectures, theaters once in a while, are allowable, but they must never play cards; riding horseback or in a carriage ought to be restricted. All amorous intercourse and sensual excitement, reading lewd novels, superstitious and exciting books, are to be carefully avoided.

31. The literary man ought to take much exercise in the open air; in bad weather do some light mechanical work in the house. During treatment he ought to limit his literary work, and in mental diseases reading must be positively forbidden.

32. Chronic patients must avoid domestic medicines and abstain from perfumes. Those who are accustomed to wear wool may continue to do so, but as the case progresses and the weather becomes warmer, cotton or linen ought to be substituted. Daily ablutions are often more advisable than baths.

33. In regard to eating, one should consent to restrictions in order to be freed from a troublesome chronic disease, and only in abdominal affections restrictions are more necessary. In regard to beverages, coffee has pernicious effects upon mind and body. Young people do not need it, and older persons ought to wean themselves generally from its use, and be satisfied with roast rye or wheat, whose smell and taste is very much like coffee. Tea ought to be entirely avoided during the treatment of chronic diseases. Old peo-



ple cannot be suddenly deprived of their wine, but by mixing it with water and sugar, they can gradually reduce its strength; in fact the patient cannot be too abstemious in relation to alcoholic beverages; it is a law of nature that the apparent increase of strength and animal heat consequent upon the use of ardent spirits will be followed by a state of depression and diminution of heat.

34. Beer is so much adulterated, that it becomes injurious to health; vinegar and lemon juice are especially hurtful to those who are affected with nervous and abdominal complaints; sweet fruits may be used moderately; beef, wheat or rye bread, cows milk and fresh butter are the most natural food, hence also for chronic patients. Next to beef comes mutton, game, old chickens, young pigeons. Goose, duck, or pork are less admissible. Salt and smoked meats ought to be used in great moderation. Fish ought to be boiled and eat without any spiced sauces; herrings and sardines in moderate quantities. Moderation in eating and drinking is a sacred duty for all chronic patients.

35. Restriction in the use of tobaccos are especially necessary when the intellectual functions are affected, when the patient does not sleep well, is dyspeptic and constipated.

36. Excessive fatigue, working in marshy regions, injuries and wounds, excessive heat or cold, starvation, poverty, unwholesome food are less capable of rousing latent psora or aggravating a manifest psoric disease than an unhappy marriage or a gnawing conscience. Grief and sorrow are the chief causes which either develop latent psora or aggravate an already existing secondary psoric affection.

37. Mineral springs and all medicinal influences ought to be avoided and where the patient used them, he ought to abstain for some time from all medicines and follow a strict diet in the country.

38. All excesses injure mind and body; by vicious practices the most robust bodies often fail and the latent psora entering in combination with a badly managed syphilitic poison gives origin to most distressing diseases. We must then remove first the psoric poison and thus prevent all secondary chronic affections.

39. The physician must never interrupt the action of an



antipsoric remedy nor exhibit an intermediate remedy on account of every trifling ailment; a carefully selected remedy should act till it has completed its effect.

40. Suppose the remedy calls out symptoms which have existed before, this apparent aggravation and the development of new symptoms show that the remedy has attacked the disease in its inmost nature, and it must be left undisturbed.

41. Should the remedy cause new symptoms, which may be supposed to be inherent to the medicine, the remedy should be permitted to act for a while and generally these symptoms will disappear; but if they are troublesome, they show that the remedy was not properly chosen, and an antidote, if known, must be given or another suitable antipsoric selected.

42. A homœopathic aggravation is a proof that a cure may be anticipated with certainty; but if the original symptoms continue with the same intensity, it shows that too large a dose made the cure impossible, neutralizing its genuine homœopathic effects and causing a medicinal disease by the side of the natural disturbances. We then select an antipsoric which corresponds to the symptoms of the natural and of the artificial diseases. Should the same antipsoric be still indicated, we must give it in a much higher potency and in a more minute dose. The doses can scarcely be too much reduced, provided the effects of the remedy are not disturbed by improper food.

43. The physician ought to avoid three mistakes, that the dose can be too small, the improper use of the remedy, and in not letting the remedy act a sufficient length of time. The surest and safest way of hastening a cure is to let the medicine act as long as the improvement of the patient continues.

44. Psora is a troublesome thing to deal with, exacerbations show only that the disease is writhing under the action of the remedy, but they will progressively diminish in frequency and intensity if not interfered with by a new remedy, for the benign action of the former remedy, which was manifesting itself, is thus probably lost.

45. A second dose of the selected remedy is only indi-



cated when the improvement which the first dose had produced, by causing the morbid symptoms gradually to become less frequent and less intense, ceases to continue after the lapse of fourteen, ten or seven days, when it is evident that the medicine has ceased to act; the condition of the mind is the same as before and no new or troublesome symptoms have made their appearance. It may be expedient to give this second minute dose in a somewhat lower potency.

46. Sulphur, hepar s. c. and sepia excepted, the other antipsorics, seldom admit of a favorable repetition of the same drug. One antipsoric having fulfilled its object the modified series of symptoms generally requires another remedy. In cases treated by the old school it may be necessary to interpolate, once in a while, a dose of sulphur or hepar according to indications.

47. Alternating remedies in rapid succession is a sure sign that the right remedy was not selected or that the symptoms were only carelessly studied. By such mismanagement remedial agents seem to lose all their power and mesmeric action may succeed in calming the system. Let the palms of both your hands rest for about a minute upon the vertex, then move them slowly down the body, across the neck, shoulders, arms, hands, knees, legs, feet and toes; this pass may be repeated.

48. The irritability of the patient may also be calmed by directing him to smell a globule moistened with the highest potency of the homœopathic medicine. By smelling of the medicine its influence may be communicated to the patient in any degree. By increasing the number of inspirations the power of the medicine steadily increases.

49. Globules, kept in corked vials, protected from heat and sunshine, preserve their medicinal powers for years.

50. Placebos are in order where the patient wishes to take medicine every day.

51. The cure of a chronic disease may be often retarded by bodily or mental accidents, or intercurrent diseases, due to malaria or meteoric influences, may set in, interrupting the antipsoric treatment sometimes for several weeks, and olfaction of the non-antipsoric remedy may suffice for the removal of the intermediate disease.



52. After the intercurrent disease is removed, the symptoms of the original chronic disease may be modified or morbid symptoms may manifest themselves in other parts of the body. The patient must be thoroughly re-examined, so that the appropriate remedy may be chosen.

53. Great epidemic diseases, improperly treated and permitted to complete their course, arouse the latent psoric poison often to a high degree of intensity, manifesting itself in innumerable forms, and antipsoric treatment is the only safeguard.

54. The obstinate character of endemic diseases is due to some psoric complication or the action of the psoric poison modified by the peculiar influence of the locality and the peculiar mode of life of its inhabitants. The marshy exhalations, especially of hot countries, appear, on account of their paralyzing influence over the vital forces, to be one of the most powerful excitants of the psoric poison, which can only be calmed by antipsoric treatment. Recently developed symptoms are the first to yield to the action of the antipsorics, the older symptoms, which have permanently existed, are the last to disappear, hence local symptoms only pass off after the general health has been completely restored, and we must not be contented till the last vestige of psora is removed.

55. A great chronic disease may be cured in the space of one or two years, provided it was not mismanaged to the extent of having become incurable. In young robust persons half this space of time is sufficient. If we consider that the psoric poison has gradually ramified into the inmost recesses of the organism, patient and physician understand why much time must be necessary to master this parasitical enemy that has assailed the most delicate roots of the tree of life.

56. Where antipsoric treatment is properly conducted, the strength of the patient increases from the start and this increase in strength continues during the whole treatment until the organism unfolds anew its regenerate life.

57. The best time for taking an antipsoric is the morning, before breakfast, and the patient ought then to wait about an hour before eating or drinking anything.

58. Antipsorics should neither be taken immediately be-



fore nor during menstruation. If the menses appear too soon, too abundant and last too long, she may smell on the fourth day of a globule of a high potency of *nux vomica* and several days after the antipsoric may be taken. *Nux* restores the harmony of the nervous functions and calms that irritability which inhibits the action of the antipsoric.

59. Pregnancy offers a brilliant sphere of action to antipsoric remedies, but only the highest potencies ought to be employed. Nurslings ought to get their medicine through the milk of the mother or wet nurse.

60. The vital force, if left to itself, tries to palliate by producing secretions and evacuations, or diarrhoeas, vomiting, sweats, ulcers, hemorrhages, etc., but they produce only an apparent alleviation of the primitive disease, and in fact increase it on account of the great loss of nutritious pabulum which the patient has suffered.

61. At the beginning of the antipsoric treatment constipation is often the great bugbear of the patient, and an injection of pure tepid water may be allowed, which may be several times repeated, until the antipsoric remedies succeeded to regulate the proofs of intestinal evacuation. Sulphur and lycopodium act most favorably under those circumstances. Hot baths interfere with the effects of antipsoric treatment.

62. The smallest possible electrical sparks aid the antipsoric treatment by animating those parts of the body which had been long affected with paralysis or insensibility.

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## REPORT OF CHAIRMAN OF THE BUREAU OF MATERIA MEDICA, CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

*Mr. President, Ladies and Gentlemen of the Homœopathic State Society of California.*—Homœopathic Materia Medica is the quintessence of Homœopathy, the only branch with its correlation, therapeutics or applied Materia Medica, wherein our school differs from the so called allopathic and eclectic schools, and were it not for *similia similibus curentur* and



curantur, the millenium would be forthcoming, for in all other branches of medical art and science we go hand in hand with them and we hail with unfeigned pleasure every advancement and every improvement, from whatever source or nature it might be promulgated.

*The bureau of Homœopathic Materia Medica has nothing to report.* Let it be known that the interest of our physicians in the work of proving remedies, of re-proving our old standbys, of verifications by clinical facts, is flagging and the cause of it can easily be made out. Perhaps most of our physicians are so encumbered with professional duties that no time is left for scientific investigations, while the meeting of the (old school) Medical Society of the State of California, held in this city only a few weeks ago, shows that their members are alive to their duties and many a good paper emanated from that medical branch. Where there is a will there is a power, and volition would triumph if there were only a speck of will left to perform something creditable. Just look, there, the old-school journals teem with notices of the soporific power of the California poppy, rivalling some preparations of opium in its effects. Our California Homœopaths have not noticed it, nor proved it, though they could have made a fresh tincture of it from their own gardens, and thus enrich our Materia Medica by their provings.

But what is the use of heaping up a Materia Medica which is already unweildy; we want condensation of the old ones, we must weed out the trash which encumbers and stifles the few valuable kernels; and the American Institute of Homœopathy being in accord with you, offered a re-proving of iodine and its salts, so that the kernels may be divided from the chaff, and no symptom allowed which has not been felt and thus verified by many provers. Oh, how many letters have I sent out without getting a reply; the California Homœopath—and I trust that every physician is a subscriber—printed and distributed the appeal and no notice was taken of it. Is the subject not an interesting one? Just see; Dr. Bradly, of Chicago, a lady physician, when graduating with full honors in Paris, took this very theme for her thesis, and men like Fournier, Gabtier, and other professors honored it with well-deserved praise. But Homœopathic physicians of



the Pacific Coast do not consider it worth while to lose time with such old notions. Even its abuse taught us when to use it homœopathically; hence requiescat in pace.

Is it true that the doctrines, taught to us by Hahnemann and his disciples, are retrogressing in our midst? Is it true, as old sturdy Lippe used to say, that our homœopathic progression is backwards? Is it true that we hail with more delight every palliative adjuvant than to delve into the mists of a homœopathic materia medica, only to fail in too many instances? Is it true that we care more for pleasing momentarily our patients than to educate them up to the principles of a Hahnemann? Why do we keep on sailing under the flag of S. S. C. when it is so much easier to follow no rule, no law, and join the crowds of the other schools? Homœopathy cannot die for it is true, and whether it shall survive on this Pacific Coast we leave, most worthy Ladies and Gentlemen, to your own decision. S. L.

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## THE TISSUE REMEDIES.

BY C. H. THOMPSON, M. D., SANTA ROSA.

S. LILIENTHAL, M. D., CHAIRMAN: *Dear friend*—According to promise, I will try and write something for the State Society, and, in doing so, will endeavor to write something in regard to the practical use of Schussler's remedies, and, as much as possible, their special indications. My use of them teaches me that Schussler's claims are too broad for a homœopath, and cannot fill the whole therapeutic field, unless by a great deal of alternating or combining by one that has acquired a special skill in that attainment. I will proceed in Schuessler's order, and take up first his No. 1.

*Calcium Phosphate*.—I have used it often, and more often have prescribed it from a homœopathic standpoint; and as it is now often prescribed for diseases that are developmental, I cannot report any remarkable cases, as many of these cases come out all right as the child grows; but often have been called upon to prescribe for a person of a calcarous diathesis or phosphatic, but no leading symptoms of either; would find



often, in Schuessler's directions, sufficient guide to prescribe calc. phos. with good results; but so far I have not been able to get any success in albuminuria in a chlorotic condition; have occasionally prescribed it in convalescence with good effects, but, as a whole, I have not been able to secure much from Schuessler's directions.

*Calc. Sulph.* — I have used but little; have used it in two cases of hip-joint disease, when pus was discharging; my indications were when the matter was creamy in color and consistency, and lacked the fœtor of silicea. In the cases where I have used it, it has answered the purpose fairly well.

*Calc. Fluor.* — This I consider a valuable remedy, and one that I should not wish to be without; I have found it most valuable in varicose veins, with sharp, piercing pains in the veins—so much so that the patients can't be on their feet, but have to go to bed; also in neuralgia, nodes of the breast, with sharp, lancinating pains simulating cancer; and in enlargement of the lymphatic glands, almost scirrhus-like in hardness, and very painful, it has given me good results. In piles, ganglions, and indurations of the testicles, I have almost or quite failed with it.

*Ferric Phosphate.* — If Schuessler had only given us this one remedy the profession would have had need to be profoundly thankful. I prescribe it in acute inflammation, not in all persons, but in a person not in full strength the opposite of plethoric, many of my cases of acute inflammations during lying in, a lactation, or convalescence, from acute disease, or in persons of a weakly constitution finds their remedy here and it fills a place where acon. bell. and bry. do not touch, of course we have a pulse and other symptoms to correspond, which it is not necessary to enumerate. But in constipation, diabetes, diphtheria dysmenorrhœa, typhoid fever and hemorrhoids its results have been about nil.

*Potassium Chloride*, or No. 5, has disappointed me the most often of any. I have often tried it and it would be one of the remedies used most frequently, and except in a few cases of subacute catarrh, I could get nothing out of it, and having



been left in the lurch so many times, I am disgusted with it, not so, however, with No. 6, *potassium phosphate*, but just the points of difference with *rhustox* I have not yet learned. I have carried through some cases of typhoid fever that no other remedy at my command would do. Notably one case, an over grown boy of 16 seemed to be full of the typhoid poison, had the greatest accumulation of sores on tongue, lips, and roof of mouth, I ever saw, and seemed to be entirely prostrated with the poison of the fever. I could find no symptoms sufficient to warrant prescribing *arsen.* and *rhustox.* or any other remedy within my knowledge, by the continued use of this remedy he recovered nicely without sequelæ. I am satisfied that it is a fine remedy in those cases of extreme vitiation of the blood, when the disease is not located in any special organ, and the system seems to be full of the typhoid poison.

I have used it in paralysis and rheumatism according to Schuessler's indication, which are quite definite with very gratifying results, and in other cases where as well indicated apparently with scanty success, I find I need to use and study it much more to find its exact sphere in our *Armentarium*, but I have used it enough to find that it is a remedy of great value.

*Potassium Sulphate*—Comes so near *pulsatilla* that to use the words of Prof. Hering "I do not feel like flirting with a new girl when old friends stand by me so well." The only use I have made of this remedy is in a very few cases of catarrh with a yellow sticky discharge, in which it answered the purpose nicely, but as but few cases of catarrh that I met are of that character, my use of it is limited. This is all the experience I have had with this remedy.

*Magnesium Phosphate*.—I have used a good deal not always with success, but if used strictly according to Schuessler's indications, is of great value. In many forms of neuralgia it comes so near to *colocynth*, I have used both in prosopalgies for the same symptoms and with equal results and successfully. I have used it in uterus neuralgia whether menstrual or not with good success, Schuessler's indications being my guide.



*Sodium Chloride a No. 9.*—I do not remember to have ever prescribed according to Schussler, and as this is not a malarious region I do not prescribe it often and so will pass to No. 10 or

*Sodium Phosphate*—My use of this remedy has been limited, I have only given it a few times in cases of acid indigestion and in children if stools are acid, and vomiting also, but can add nothing to Schussler's indications, and about the same with

*Sodium Sulphate*—Have used but a few times in what are termed bilious disorders with very good results, and

*Silicea*—Is such a pure Hahnemanian remedy that it is almost an impossibility to prescribe it without giving it according to the orthodox materia medica.

These few thoughts have been penned hastily and I will mail at once for fear that if I re-read or re-write them I will destroy the whole business and then you would not give me the credit for being up to my promise.

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## OPHTHALMOLOGY AND OTOTOLOGY

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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### ON THE USE OF LOCAL MEASURES IN DISEASES OF THE EYE.

BY WM. SIMPSON, M. D., SAN JOSE.

One who is at all familiar with the books and journals of the three prominent schools of medicine must be struck by the great frequency with which the local use of various remedies or substances, medicinal or non-medicinal, are recommended by regulars and eclectics and the paucity of such recommendation in homœopathic journals and monographs; then one who treats diseases of the eye, ear and throat largely, even though not entitled to the rank of the specialist, must



be forcibly struck with the number of patients coming to him from careful, close and conscientious prescribers after months of trial unimproved, though diet hygiene and the indicated remedy have been faithfully prescribed and religiously swallowed. Again, in paragraph fifty-four of Lilien-thal's Catechism on Hahnemann's Organon in the April number of the CALIFORNIA HOMOEOPATH we read: "It is not advisable to combine the local application of a medicine simultaneously with its internal use, for the disappearance of the local symptoms renders it nearly impossible to determine whether the total disease has also been exterminated by the internal remedy." In paragraph one of the same catechism we read: "The physician's highest and *only* calling is to restore health to the sick, which is called healing." The object of this paper is to call your attention to the use of local measures in the treatment of diseases of the eye, and to inquire whether it is still the practice of the majority of the members of this society to ignore local measures, and if so, to further inquire whether as physicians we come up to the 'mark of the prize of our high calling' as laid down in our catechism and to still further inquire as to the compatibility of paragraphs one and fifty-four. That there is a demand among the laity and certain of the physicians of the homœopathic school for local remedies is clearly evidenced by glancing over the stock of any pharmacy with which I am familiar. The question that this brings up and on which I wish to provoke discussion, can this be legitimate homœopathy or have we fallen on degenerate days and in our yearning for the 'flesh pots of Egypt' have some of us bowed the knee to false gods, for I confess I do not know how to practice medicine even a little bit without these aids. In the local treatment of eye diseases the remedies may be classified as mydriatics, myotics, antiseptics and astringents. This is but a general classification and might be somewhat enlarged and refined, but practically it covers the ground, is simple easily remembered and easily understood. The typical mydriatic is atropine and the typical myotic eserine and most powerful agents they are for good or evil. One or the other is indicated, I think, I may safely say, in every penetrating wound of the eye and the integrity of the eye in the great majority of the



cases which can be saved will depend on your choice. Can you answer satisfactorily to yourselves the question why one of two agents so totally opposed should be indicated and be sure which is *the* one? If you cannot you are not competent to treat the simplest wound of the eye, and this leads me to speak of the absolute necessity of the ability to make a correct diagnosis before touching what on the surface may appear to be the simplest of all eye troubles. True, the symptomatology of the remedies is so plainly laid down in all our text books that 'he who runs may read,' and ninety-nine of your cases may be simple cases which would have recovered without any aid but the hundredth, similar in every appearance to the unpracticed eye and attuned to the same symptoms may mask a deep seated and destructive glaucoma or neuritis only controllable in its infancy and quickening its pace to ruin under the measures which cured the simple conjunctivitis. Does the sight of the blind man tottering on his staff make doleful the merry clink of the gold of the ninety-nine whose good fortune it was to escape? Only a few days ago my attention was called to an opportunity to operate for cataract in a patient whom three physicians in succession have put off from year to year till he should be blind enough. A glance at the eye with the aid of oblique illumination showed beginning cataract only, yet the man was feeling his way with a stick. A glance at the fundus with the ophthalmoscope showed complete atrophy of the nerve in one eye and almost complete in the other, and as compensation for the waiting he had been allowed a double ration of tobacco. To be sure in this case the hearse will soon 'rattle his bones over the stones for he's only a pauper whom nobody owns,' but some one has the sin of ignorance to answer for just the same. When shall we use a mydriatic or remedy that dilates the pupil, then?

First, and always, in iritis.

Second, in ulceration of the cornea in persons *under thirty-five years of age* if there is much pain or photophobia.

Third—In ophthalmia of the new born if there is much swelling of the lids or the integrity of the cornea is threatened.

Fourth—In gonorrhœal ophthalmia.



Fifth—in all examinations for glasses of hyperopes and astigmatics under the age of thirty.

Last, but by no means least, in penetrating wounds of the cornea where the injury is *central*.

In all wounds where the eye is penetrated by a sharp instrument which is immediately withdrawn there is a fair chance of saving the eye if seen in the course of a few hours. The dangers to be thought of and warded off are iritis, iridocyclitis, or prolapse of the iris. To prevent the latter which is a most serious accident, or if possible, to reduce it if already present, or retain it if reduced by surgical measures of which it is not the province of this paper to treat, it is necessary to draw the iris away from the wound. This, atropine does most effectually if the wound is central and eserine if the wound is peripheral.

The indications for eserine then are:

First—In penetrating wounds of the eyeball where the injury is peripheral.

Second—In ulceration of the cornea in persons of thirty years of age or over.

Third—In glaucoma.

Fourth—In the course of any inflammatory disease of the eye which is accompanied by increase of tension.

I have purposely omitted all reference to the use of mydriatics or myotics in diseases of the optic nerve and retina, as no general rule can be laid down except to say to paralyze the accommodation and put the eye at rest use a mydriatic, and to reduce tension a myotic. Every injury to the eye which requires any attention whatever, and every inflammation of the conjunctiva or lachrymal apparatus requires somewhere in the course of its treatment an antiseptic and those which may be considered as near perfection as it is possible to reach are boric acid in a ten-grain solution in all inflammations, whether idiopathic or traumatic, the bi-chloride of mercury in a one part in five thousand solution as a preliminary to all operations and the mild chloride of mercury in powder in phlyctenular conjunctivitis. The typical astringents are sulphate of zinc and nitrate of silver, the former in a solution ranging in strength from half a grain to two grains to the ounce in conjunctivitis simple or catarrhal only after



the boric acid solution has been tried and failed, which will be very seldom, and the latter in strength varying from five grains to the ounce to the solid stick in gonorrhœal ophthalmia, ophthalmia of the new born or any inflammation accompanied by the formation of pus. Finally, to every eye case that presents itself, no matter how simple in appearance, apply an old saw slightly modified. Be sure you are right before you go ahead.

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THE Ophthalmological Bureau of the State Society presented only two papers; one by the Chairman, Dr. Wm. Simpson, of San Jose, on Local Applications in Eye Diseases, a most excellent and practical essay, and one which will, like all the productions of Dr. Simpson be read with pleasure and profit by the entire profession.

Dr. French read a paper on the progress of Ophthalmology, encouraging to homœopathic oculists, and Dr. Peterson reported two clinical cases, and showing the benefits of merc nit. in ulcers serpens, and one of mastoid abscess. Prof. W. A. Phillips, ophthalmologist of the Homœopathic Hospital College of Cleveland, Ohio, who was elected honorary member of the State Society, for which he desires to express his grateful acknowledgment on invitation of the chairman of the Bureau, gave us a most entertaining and instructive talk upon the relation of the oculist to the general practitioner, and to the optician. The doctor and wife spent a few days on the coast recuperating, visiting Mount Hamilton, the Santa Cruz "Big trees," and points of interest in this city and environs, and they go home full of enthusiastic admiration of our climate, our scenery, our people, and our institutions. They also bear with them the hearty godspeed of the many friends they leave in the occident.

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*Penthorum Seclides*.—While administered for a case of chronic inflammation of the post nasal chamber, with resultant deafness, removed entirely long established dyspeptic symptoms so that the patient could eat with impunity any kind of food, which had been impossible before taking the medicine.—*California Medical Journal*.



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Colleges, Hospitals and Societies.

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## MEETING OF THE STATE SOCIETY.

The Thirteenth Annual Meeting of the California State Homœopathic Medical Society convened at the Hahnemann Hospital College, San Francisco, May 8th, 1889, at 8 o'clock P. M.

There were thirty-seven members and a number of visitors present.

The President, Dr. S. P. Burdick, called the meeting to order at 8:30.

After the minutes of the previous meeting were read, the Board of Censors reported favorably upon the names of Drs. Henry Damkroeger and Alice Burritt, and they were elected to membership.

The Treasurer reported a balance on hand of \$360.30, and the Secretary of the Board of Examiners, that during the past year fifty-nine licenses were granted and one refused on account of insufficient credentials, also a cash balance on hand of \$240.20.

On motion of Dr. French, Dr. W. A. Phillips, of Cleveland, Ohio, was elected an honorary member.

The President then delivered his annual address, in which a strong plea for a higher standard of medical education was advanced and a scheme by which such an end could be obtained was set forth.

A vote of thanks was tendered the President for the able and edifying address, after which the society discussed the question of a banquet and finally decided that the subject be indefinitely postponed.

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THURSDAY, May 10th.

The second session of the Society convened at 10:15 A. M. The President in the chair.

Nominations and election of officers being in order, the following physicians were elected for the ensuing year:

President—Dr. H. L. Bradley, of Fairfield.



1st. Vice-President—Dr. C. L. Tisdale, of Alameda.

2d. Vice President—Dr. G. H. Martin, of San Francisco.

Secretary—Dr. A. C. Peterson.

Treasurer—Dr. W. A. Dewey.

Board of Censors—Drs. Albertson, Boericke, S. Lilienthal, Jenks, Ledyard.

Board of Directors—Drs. Palmer, Chairman; J. T. Martin, Worth, Townsend, L. H. Bradley.

Board of Examiners—Drs. E. W. Bradley, G. H. Jenks, G. H. Martin, Sidney Worth, R. H. Curtis, G. E. Davis and A. C. Peterson.

Alternates—Drs. C. G. Merrill and J. W. Ward.

Under the head of Clinical Medicine Dr. Moliere read a paper entitled "Electricity in relation to Clinical Medicine."

Dr. C. L. Tisdale read a paper entitled "Hemorrhoids."

Dr. Simpson inquired about advisability of operation on a large, painful, external pile in a pregnant woman near term.

Dr. Tisdale would not operate in such a case.

Dr. G. H. Martin read a paper entitled "Electrical Phenomena in various forms of Paralysis and their significance.

The Secretary read a paper from Dr. C. V. C. Scott, in which was related a case of severe itching and burning of the feet and toes, which was cured with *urtica dioica*.

In the afternoon session Dr. Selfridge reported some cases of pneumonia from his case book.

Dr. Simpson inquired when, in an apparently favorable convalescence, a sudden hepitation sets in, whether in such instances there may be clearing up later.

Dr. Selfridge replied that in such cases there was a tubercular diathesis and that consumption generally ensues.

Dr. Burdick said that he had cleared up a case of hepitation with *argent. nit.* 200.

Dr. Ledyard read a paper entitled "Pure Homœopathy Illustrated."

Under the head of ophthalmology and otology Dr. French read a paper entitled "The Progress of Ophthalmology," and Dr. Simpson a paper entitled "Local applications in Diseases of the Eye."

Dr. W. A. Phillips addressed the Society and alluded especially to Dr. Simpson's paper and pointed out how



dangerous a factor a little knowledge of the eye could be to a general physician.

Dr. Burdick mentioned his use of the Nitrate of Copper in syphilitic eye troubles.

Dr. Peterson spoke of the uses of Nitrate of Mercury in *ulcus serpens* and operations in mastoid disease with Cocaine subcutaneously injected as an anaesthetic.

Under the head of Obstetrics Dr. H. L. Bradley read a record of cases summarized as "Embarrassing Situations in Labor." A history of convulsions, delayed labors and irregular contractions of uterus.

Dr. Burdick mentioned unusual cases of labor, one that delayed for three weeks after os dilated; another where pains came on every night and ceased at daylight.

The Doctor also stated that the Puerpural Convulsions were due to a hydraemic condition of the blood, therefore the patient should be quieted with an anesthetic as every effort of contraction forces the hydrated blood into the brain and we have serous apoplexy.

The unborn child also is apt to be killed by the second or third convulsion.

At the evening session the subject of Obstetrics was continued.

Dr. Burdick stated that he operates immediately in cases of lacerated perinæum and uses iron-dyed silk and not wire.

Dr. Dewey spoke of the use of serrefins, an apparatus used in Vienna to preserve coaptation of the cut edges.

Dr. E. W. Bradley usually waits till third day after delivery, obtaining best results in delaying operating till that time.

Dr. L. H. Bradley read a paper on "Hydadiform Mole.

Under Bureau of Surgery Dr. E. W. Bradley related injuries received by the explosion of gasoline and the numerous operations to repair the damage completely.

Dr. Burdick cited a case of trauma that resulted in abscess, involving the entire hand, with sloughing out of the flexor tendons. Secondary hemorrhage occurred several times but the hand was saved. Starch and hamamelis dressing was employed.

Dr. Albertson related a case of a lawyer who dislocated his arm by a full, round sneeze.



Under Clinical Medicine there were several papers, relating to the proving of drugs and verified symptoms, presented by Dr. Samuel Lilienthal.

Under unfinished business it was resolved to have a committee of three chosen to work to prevent adverse and mischievous legislation, agitated by the so-called "regular school."

At the next annual meeting it was agreed to employ a stenographer to take down the proceedings in full, and the entire matter to be published; also that the meeting continue two full days, commencing 10 A. M., Wednesday, instead of 8 P. M.

Drs. Boericke, Albertson and Dewey were appointed delegates to the American Institute of Homœopathy, and Drs. G. E. Davis, Moliere and French, to the Inter-collegiate Association.

The incoming President, Dr. H. L. Bradley, was conducted to the chair, who greeted the Society in a few well-chosen words. A vote of thanks of the Society was tendered to the retiring President and the Society adjourned.

A. C. PETERSON, M. D. Secretary.

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#### OREGON HOMŒOPATHIC STATE SOCIETY.

The Homœopathic Medical Society of the State of Oregon closed its thirteenth annual meeting May 16th, in the parlors of the Gilman House, this city, where it had been in session for two days. The name of Harlem B. Drake was added to its list of members at this meeting.

Its newly elected officers are as follows: President, Dr. George Wigg; first Vice-President, Dr. B. E. Miller; second Vice-President, Dr. E. C. Brown; Recording Secretary, Dr. S. Lewis King; Corresponding Secretary, Emma J. Welty; Treasurer, Dr. Osmon Royal; Board of Censors, Dr. C. E. Geiger, Dr. B. E. Miller, Dr. Emma J. Welty, Dr. A. S. Nichols, Dr. L. Henderson.

The papers presented and read before the Society were as follows: Annual address, by the President, Dr. George Wigg. "Prophylaxis of Vaccination," by Dr. L. Henderson. "Ar-



senicum," by Dr. S. A. Brown. "Hip-joint Disease, Its Etiology, Pathology and Diagnosis," by Dr. C. E. Geiger. "Purulent Inflammation of the Middle Ear," by Dr. E. C. Brown. "Ophthalmia Neonatorum," by Dr. Emma J. Welty. "A Case from Practice," by Dr. Calla B. Charlton. "Signs and Symptoms of Pregnancy," by Dr. B. E. Miller. "Parturition," by Dr. Wm. Geiger. "Sectarianism in Medicine," by Professor Wm. Todd Helmuth, of New York.

A vote of thanks was extended to the proprietors of the Gilman House for their generous hospitality, and the meeting was adjourned till its next annual meeting, on the second Tuesday in May, 1890.

### BOARD OF EXAMINERS.

The Board of Examiners elected at the Annual meeting of the State Society just closed, organized on Tuesday, May 14th, at the office of Dr. Davis. Dr. G. E. Davis was chosen President and Dr. A. C. Peterson, Secretary. It was decided to hold regular meetings on the first Tuesday of each month. The full board is composed viz: Drs. E. W. Bradley, G. H. Jenks, G. H. Martin, Sidney Worth, R. H. Curtis, G. E. Davis, A. C. Peterson. Alternates Drs. C. G. Merrill and J. W. Ward. A. C. PETERSON, M. D., Sec'y.

### CORRESPONDENCE.

#### REPLY TO DR. PIEDVACHE\* BY DR. SCHUESSLER.

HONORED COLLEAGUES.—To the article of Dr. Piedvache, contained in the April number of your Journal, I reply as follows:

Piedvache has not recognized the object of my book, and has not understood the essence of Biochemistry. He says that it was unnecessary for me to prove the action of infinitesimal doses. However, that *was* necessary, since I not only wrote for Homœopaths but also for Allopaths, and from the latter several have already come over to Biochemistry.

Piedvache says: "Whence the cabalistic number of twelve remedies?" This number is not a cabalistic one, it corresponds exactly to the inorganic

\* See CALIFORNIA HOMŒOPATH, Page 126.



functional remedies found in the human organism, to which the carbonates do not belong, as Piedvache seems to believe. These form a kind of reserve material from which phosphatic and sulphuric acids are formed.

The resulting sulphuric acid, formed by the separation and oxydation of albuminous matters, would destroy the cells if it did not combine in its nascent state with the carbonates as bases.

Piedvache does not know this, he is not versed in physiological chemistry. And still he takes the liberty to criticise my therapy, which is based on physiological, pathological chemistry.

Piedvache desires to know whether a deficit of salt in the cells is a cause or an effect. The deficit is an effect (the nature of the disease.) The cause is a foreign irritation that has affected the cells. As Piedvache does not know this, he calls my Biochemistry an ignorant phantasy. The ignorance is on his side. A foreign irritation can cause a deficit of a cell salt in the cells. When a cell, besides a deficit, has suffered a physical alteration that prevents the incorporation of necessary blood tissue salts as a substitute (for the deficit) there is a certain degree of dilution of the necessary salt required for therapeutic purposes. Therefore it may in a given case be necessary that notwithstanding the plentiful consumption of salt, a diluted solution of salt may be needed in order to cover the (deficit?) of salt in the diseased tissue.

Piedvache asserts that I employ for Chlorosis sometimes one remedy and sometimes another,—that is not a fact. I give only *Calcarea Phosphorica* for Chlorosis. This alone completely establishes the formation of iron-containing blood cells from the serum. Iron which enters in to the formation of young blood cells never is absent in the blood serum of chlorotics. Therefore I have lately abandoned iron, which I recommended in the first editions of my Therapeutics for Chlorosis and other anaemic conditions.

Those anaemic conditions which follow as a consequence of Chronic Catarrhal conditions of the Stomach require the indicated remedy of these diseases.

Piedvache asks: "Can it be that iron exists in the globules in the state of a phosphate?" This question is unnecessary, I say in my book: *Iron is a constituent of the blood corpuscles, the muscle cells, etc.* I did not state in what condition iron is contained in the blood corpuscles. As phosphate the iron appears in the muscle cells, etc.

Piedvache seems to have before his eyes, *not my book* that is originally written in German but some translation with additions by a strange hand. Darwin and Ammonium phosphate of which he speaks are not mentioned in *my work*.

The above is sufficient to show that Piedvache has criticized for naught. He is not ripe for biochemistry; therefore he should not meddle with it.

I have the honor to be, with fraternal greeting,

DR. MED. SCHUESSLER.

OLDENBURG, April 21st, 1889.

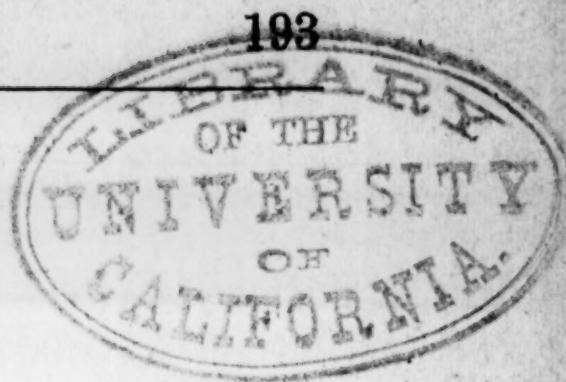
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*Sabal Serruleta*—Is a new remedy for enlarged prostate.

*Grindelia*. — Itching, painful erythematous eruptions; poison oak.



## CLINICAL ITEMS.



## DYSENTERY—MAGNESIA PHOS.

In treating a case of dysentery lately I was at my wits' end to control the terrible pain in defecation. Merc. cor. suited the case well, and the stools were growing less frequent, but the pain was increasing, being so severe as to cause fainting. Something had to be done if I held my case. The pain in rectum and abdomen was *very severe*, more in rectum than abdomen. The tenesmus was like a prolonged spasm of the muscles employed in defecation. I exhibited "Schuessler's" Mag. phos. in hot water. A hypodermic of morphia could hardly have acted quicker. The pain was *almost entirely* relieved by the first dose. The whole condition changed for the better, and I discharged my case the next day. In all my experience I never had a more prompt or pleasing result. Mag. phos. is a grand anti-spasmodic, and fully as reliable as our more frequently used remedies. I was led to think of it for my case of dysentery by a statement made to me by Dr. E. E. Snyder, of Binghampton, N. Y. He gave it with equally as prompt results in spasmodic tenesmus vesicæ occurring in a case of cystitis resulting from gonorrhœa. It certainly did me great service.—*H. K. Leonard, M. D., Ovid Center N. Y. —Medical Investigator.*

## A FORMULA FOR CATARRH OF THE THROAT.

Dr. Endler, in the *Deutsche Med. Wochensch.*, February 22, 1888, highly recommends the following gargle in cases of catarrh of the pharynx or larynx. It is by no means unpleasant to the patient, and its use accompanied by very satisfactory results:

- R. Sulph. zinc ..... 75 grains.  
 Aqu. menth. piper ..... 2 pints.  
 S. Use as gargle three or four times daily.

*Aralia.*—Early nocturnal cough that occurs either immediately on lying down, or, more commonly, after a first fore-midnight sleep.—*Burnett.*



# The California Homœopath.

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## EDITORIAL NOTES.

OUR Pennsylvanian brethren have been doing a good work lately, and we deem it wise to bring it to the notice of the profession of this State, as the work must be commenced here in fact it ought to have been commenced long ago. The Pennsylvania Allopaths tried to get a medical examiners' bill passed in the Legislature controlling medical practice in that State. The Philadelphia Homœopathic County Society appointed a Committee to co-operate with the Legislature and secure protection to our system of practice. This they did in a most approved manner, and obtained the passage of the following amendment to the bill by 132 to 39 votes.

“That there shall at no time be a majority of the Board from any one school of medicine or system of practice.”

In support of the amendment the member proposing, made the following excellent points. “*That we are here to*



*legislate for the people of this commonwealth, not for any particular school of medicine. This is not a question of the relative members of the various schools; it does not affect the physicians now in practice, but only those who in the future shall apply for admission, the object being to examine into their fitness to discharge their duties as physicians. Hence we must see that the Board is constituted of persons who will treat all with perfect fairness. The amendment is perfectly fair, and only provides that at no time shall it be placed in the power of a majority belonging to one school or another to control the matter of admission to the practice of medicine to the prejudice of the interests of every part of the profession."*

Of the thirty-nine opposing votes fourteen were allopathic physicians.

This and other amendments were made and the defeat of the old school was complete. But they still hope to kill the bill before its final reading.

There can be nothing fairer than the above amendment, and the reasons given above are excellent, the allopaths by opposing it, "give themselves away," and show that they desire to dominate instead of to regulate.

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OUR Legislature at Sacramento has recently considered a bill for allopathic domination in this State, and unless our newly appointed Committee on Legislation is vigilant we will find ourselves, in the soup, as it were, and it behooves not only the Committee to be vigilant but the whole Homœopathic profession on the coast.

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THE new Official Register of the physicians and surgeons of California is out and it is another example of allopathic rule; true, the names of the Homœopathic licentiates are given and our State Society has the privilege of paying its share for the publication of the book, which by the way would more than be paid by the advertisements contained therein.

We would like to ask why there is such an absence of Homœopathic advertisements in it? We have a college,



hospital, pharmacy and dispensary and yet we were not offered space in any case. Where did the \$75 paid by the State Society go to? There are thirty-seven pages of advertisements which at the low price of \$25 a page (and we know of one page that cost \$75) would make \$925; this added to the amount paid by the three Societies at \$75 each makes \$1250 a very handsome sum for printing 2000 copies of a pamphlet of 200 pages or so, and which is retailed at \$1.50. The California Homœopath would have been glad to have published it for \$600, provided we could have retailed it for even \$1 a copy. The office address and hours of the city and Alameda county Allopaths is very minutely given therein, but those of Homœopathic and Eclectic physicians are omitted. We do not notice the recent decision of the Supreme Court in the case of Dr. P. R. McNulty, in fact we do not find his name therein at all.

If there is any money to be made in printing an "Official Register," the Homœopathic and Eclectic Societies should have their pro rata. It looks like a job with an Allopathic boss behind it.

We venture to say that few physicians will invest \$1.50 for this register unless it is in order to read the advertisements, which consist largely of Allopathic colleges, hospitals, professors, private asylums, etc. D.

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### Personal Notes, Locations, Etc.

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DR. MARY S. ESTE, a graduate of Hahnemann, Chicago, has located at Vernondale, Los Angeles County, California.

THE Treasurer of the Hahnemann Hospital College desires to gratefully acknowledge the receipt of another generous donation from MRS. LELAND STANFORD, through her physician, DR. R. H. CURTIS, for the benefit of the worthy poor patients in the hospital.

THE Los Angeles Homœopathic Society has monthly meetings. Last month, DR. WHEELER read a paper on Puerperal Fever, and DR. REYNOLDS and DR. BUTTON prepared papers on Scarlet Fever. Next meeting, our old friend, DR. STEWART, will present a surgical contribution.



WE desire to acknowledge a most excellent paper on "Cremation," by DR. G. W. BARNES, of San Diego, which we hope to present to our readers soon.

DR. HARLYN HITCHCOCK is the last accession to the Editorial Brotherhood of our school. He is the editor of the *Journal of Homœopathics* devoted to the Philosophy of Homœopathy. Welcome!

DR. DOROTHEA LUMMIS, of Los Angeles, has gone to Vienna to spend a year in study, and has left her practice to DR. JULIA F. BUTTON, whose office is at No. 610 S. Hill street. A very worthy successor.

DR. WILLIAM BOERICKE, one of the editors of this journal, is at present spending a few weeks in the East. The doctor will be present at the meeting of the American Institute at Lake Minnetonka, where he will represent the California State Society and also THE CALIFORNIA HOMŒOPATH. Look out for him. During his absence, as on former occasions, DR. W. A. DEWEY will have charge of his practice.

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## BOOK REVIEWS.

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**Morrow's Atlas of Venereal and Skin Diseases.** Parts 10, 11 and 12. New York: William Wood & Co. 1889.

We desire once more to call attention to this most excellent work and emphasize the fact that it should be in every physician's library. The three fasciculi just published are fully up to the standard of excellence of the past numbers. Part 10, concludes Eczema, Impetigo and Dermatitis. Part 11, gives three most excellent plates of Herpes. One on pemphigus and one on purpura, and part 12 treats of the diseases psoriasis, lichen and acne.

We have seen nearly all of the plates ever published on skin diseases as well as the wax models at the Hospital St. Louis, in Paris, and we are bound to admit that these approach as near perfection as any we have ever seen.

They can be seen at W. S. Duncombe & Co., or at the editorial office of the HOMŒOPATH, and we will mention here that we shall always be pleased to show our subscribers any book that we may receive for review. We do not lend or sell books, but we keep such on exhibition for those who contemplate buying or borrowing from others. D.

**American Resorts with Notes Upon their Climate.** By BUSHROD W. JAMES, A. M., M. D. Philadelphia and London. 1889.

Abundance of pure air, sunshine and out-door exercise—what a blessing it is that this triad can be had gratuitously by the poor or laboring classes; but to go to health resorts another necessity comes in and that is a well-filled purse to enable one to enjoy all the comforts of a home. With all due respect to our friend, the author, it is just this which hastens so many Americans to seek a restoration of their health in European Spas, though our own country can boast of equally good mineral springs. Our hotels may be large caravansaries, but so little has so far been accomplished for the comforts of the pa-



tients. An American citizen and Carlsbad go hand in hand, and why? Because there, at this foreign spring, he willingly obeys the mandates of the physician, he has good wholesome plain cooking and for hours he might meander through groves which are kept clean for his use—the cookery in American hotels is Frenchified, and there is not enough time allowed to enjoy a long dinner, hence hurry in cooking and in serving meals. The resident physician is hardly ever strict enough with the guests and always uncertain whether his commands are obeyed.

The author has done his best to introduce the reader to a large material to choose from; many of the places recommended he knows from personal experience, and still after all abundance of pure air, sunshine and out-door exercise are the requisites for good treatment and you are right, brother James, prevention is better than cure, sanitation and hygiene are of more importance than all the drugs ever known. S. L.

**The Vest Pocket Anatomist.** (Founded upon "Gray." By C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Fourteenth revised edition, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12 mo., 304 pages; price \$1.00. *Illustrated Medical Journal Co.*, Publishers, Detroit, Mich.

The new fourteenth edition of this work has been increased in size by the addition of over 100 pages of text and one hundred engravings; the page of the book has also been somewhat enlarged to accommodate better the engravings. The Brain and its Membranes, the Eye, Ear and Throat, in fact the entire Viscera and the Generative Organs of both Sexes, forms the new subject matter in this edition. Besides being a very popular dissecting room companion, it has become also a very popular surgical case companion for the practitioner, since the illustrations show at a glance (being photo-engraved from the English cuts of Gray) the positions of all the important bloodvessels, nerves, muscles and viscera.

**Wood's Medical and Surgical Monographs, Vol. 3.** William Wood & Co., New York.

The present volume is valuable especially for two essays. First, Prof. Ziemsen's on "Neurasthenia and its Treatment," and Dr. W. H. Dickenson's treatise on the "Tongue as an Indication of Disease." Prof. Ziemsen contributes another on antipyresis and antipyretic methods, besides which the volume contains a resumé of new remedies from 1878 to 1888 by Dr. C. Canquil and the treatment of cystic goitre by T. M. Hovell, F. R. C. S.

The article on neurasthenia is rather fragmentary, but contains valuable therapeutic suggestions and some excellent cautions, for instance the following: "I must warn you to beware of the use of narcotics, as also of digitalis and other heart remedies in cardiac neurasthenia."

"In general I also warn you against the use of purgatives, especially from the habitual use."

"Caustic ointments, blisters the actual cautery do more harm than good.

With such cautions he gives sound advice as to general treatment of this obstinate affection.



**Psychology as a Natural Science Applied to the Solution of Occult Psyshic-phenomena.** By C. G. RAUE, M. D. Philadelphia: Porter & Coates. 1889.

Such a work could only emanate from a German student of philosophy, and none was more capable to do justice to such an intricate subject than old Raue, as he is familiarly known by those who know and love this sturdy German scholar. The French school has worked hardest in the elucidation of these psyshic-phenomena, by whatever name they may be known; they have aroused everywhere an enthusiasm in their application, but their best minds have failed to explain them. Is our old friend, Prof. Raue, any nearer the goal? What can we know of the vital forces in us? Under President Willen says: Oscar Meding, in the novel of that name, gives us well-known facts, mostly taken from the beautiful brochure of Kraft Ebbing; but neither one explains the mystic force. Raue speaks very carefully about spiritualism in its purity, and still nothing is impossible of believing to him who puts living force above dead matter; and more than one English authority has shown that even the cell in the living body is clearly dead matter. *Continued evolution!* What a grand, what a noble idea! Here is true religion for all of us, minus theologian sectarianism. Continued evolution means immortality, and immortality means faith in Him and love to Him who says: "Be ye perfect, for I, the Lord, your God, am perfect." Philosophy will never solve this problem, and Goethe truly remarks: Wenn ihr es nicht im Herzen habt werdet ihr es nie erathen" (it belongs to the heart, this pious feeling).

It is an impossibility to do justice to such a work in the space allotted to reviews in a monthly, but our thanks are due to the author for the treat he sets before us. It certainly will make us better men in studying such works.

S. L.

**The International Medical Annual and Practitioner's Index:** A work of reference for medical practitioners. New York: E. B. TREAT & Co., 1889.

The first part of this issue is devoted to "New Remedies" and a review of therapeutic progress for 1888, by Percy Wilde, M. D. For bold effrontery Dr. Percy Wilde in this article surpasses all we have ever met with unless the article by a Dr. Reed in the Practitioner, which forms Dr. Wilde's subject. He shows that Dr. Reed has discovered a double action of drugs and that a small dose will cure that form which most closely resembles the toxic effect of the drug." This wonderful new discovery our author recognizes as one of great practical importance for, he continues, if Dr. Reed's conclusions are correct, it opens a way of overcoming the great obstacle to therapeutic advance.

It is possible that Dr. Reed is silly enough to believe that his medical brethren will not discover the homœopathy of his teaching as *homœopathy*, and does he really want us to think him an *original investigator*? Even Dr. Wilde, who introduces Dr. Reed to us in the present volume, seeks to hide the homœopathic origin of it by informing the readers and reminding Dr. Reed that "some discussion has arisen as to the priority of discovery of this principle," although it was undoubtedly first arrived at by induction from physiological experiment by Claude Bernard! Still, he has the courage to



allude to Hippocrates, who also "appears to have noticed this principle," and, to still further add to Dr. Reed's surprise to find himself so long forestalled in his conclusions, he quotes some passages from an essay entitled "Suggestions for Ascertaining the Curative Power of Drugs," which appeared in *Hufeland's Journal* for 1796, which "so nearly approach Dr. Reed's views that it may be of interest to quote them." Can bold effrontery go any further by quoting *Hahnemann's* own words, for the quotation is from Hahnemann, although the writer slyly neglects to mention that fact to prove "the near approach to Dr. Reed's views!"

**Electricity in the Diseases of Women;** With Special Reference to the Application of Strong Currents. By G. BETTON MASSEY, M. D. Philadelphia: F. A. Davis, 1889. Cloth, \$1.50.

This most excellent little work supplies a need long-felt by the profession. While we have exhaustive works on the use of electricity in the treatment of general diseases, we have none that deals especially with this branch of the subject. The author begins at the beginning, and describes the battery, its action, and how to care for it; the various electrodes used, the chemical action of the current at each pole, and in fact the salient points, necessary to the thorough understanding of electro-physics, and electro-physiology, are plainly and concisely set forth. This is perhaps the most important part of the work, or it is only by the thorough knowledge of this agent, that we are able to use it successfully in the treatment of disease, after the action of our remedy is understood, then we can see in what condition it will be of use. Galvanic, Faradic and Franklin's currents, all have their use in gynæcology, and the author very clearly differentiates between them. Apostoli's treatment of uterine fibroids with strong currents, is given in detail. The chapters on uterine hæmorrhage, endometritis, subinvolution, uterine hyperplasia, and pelvic indurations are excellent, and they show us the value of electricity in the treatment of these conditions. Uterine displacements, extra uterine pregnancy, and various functional derangements are also greatly relieved and cured by this agent.

Electricity is not a cure-all; but when it is indicated, and when properly used it is invaluable. It goes a step farther than our medicines, and is often safer and more effective than the knife, and in no branch of medicine has it a greater field of usefulness than in gynæcology. It has been the aim of this author to treat his subject in such a way that any one can understand it, and he has most admirably succeeded. This work is intended not only for the specialist, but for the general practitioner as well, and all who use this agent.

G. H. M.

At the recent meeting of the State Society Dr. Moliere recommended bromine 3x or 4x, made with glycerine, as an efficacious external application for poison oak. He also uses it internally at the same time. Dr. Saltonstall spoke of the application of sour milk spray as useful in allaying the irritation.



## POPULAR DEPARTMENT.

## INTESTINAL INERTIA.

This is the bane of manhood, womanhood and even childhood. It has come to be a habit on the part of a great many people to have no evacuation of the bowels which is not purchased at a price—either the price of a syringe or some purgative medicine. Paraphernalia for the purpose of assisting nature forms a part of the furnishings of every modern bathroom. Even little children, suckling babes in arms, have bits of soap, gluten capsules and other foreign bodies poked beyond the sphincters in order to solicit the delayed evacuation, establishing even at this tender age a condition of intestinal inertia.

I have seen a child seven years old whose mother told me that it had scarcely had a natural evacuation in its life; once a day for more than six years—that is, more than two thousand two hundred and fifty times—had that mother used a syringe on the child in order to accomplish what nature intended the child should accomplish for itself. From non-use the rectal sphincters had become atrophied and paralysed. The mother exclaimed despairingly that she didn't believe the child would ever have an unaided passage. I promptly confirmed her prognosis.

Mothers are no longer willing to bear children in the old-fashioned way, and it seems, after children are born, that, through some mysterious link of sympathy, they are unwilling that their offspring shall go through the labor of a passage of the bowels. This is all wrong. It is the result of sheer laziness.

A regular habit of the bowels can be established by the observance of regular habits on the part of the individual. Physicians are, in the main, responsible for this state of affairs, for in almost every instance it is the physician who makes the first prescription, which the patient repeats again and again whenever the bowels are the least bit refractory.

The chief remedy for intestinal inertia is *regularity of habit*. The most irregular bowels can be made to put on regularity



by the observance of a fixed hour for attending to the call of nature. Most of the trouble arises from the want of patience.

If a movement does not occur the first day, wait until the corresponding hour (presumably soon after breakfast) the following day. This will not fail to establish a regular habit. Again, a little massage of the abdomen will aid materially.

In no case give a cathartic. Bowels that cannot be relieved by massage and enema need no relief.—*Medical Era*.

### SOME REMEDIES FOR PILES.

BY DR. W. DRURY.

*Capsicum*.—I have used this remedy more frequently when there has been *bleeding* than for any other symptom. Burning pain, itching, smarting, stinging pain in anus during stool, hæmorrhage.

*Carbo. veg.*—This medicine I have used chiefly for bluish, *swollen* protruding piles, pain or soreness in rectum *after* stool, mucous discharge. For these symptoms this is an excellent medicine. It will be found of use for burning in anus with emission of flatulence, constipation, acheing or smarting of rectum, pressure on rectum or on bladder, with abdominal *colic* pains coming on at intervals, itching, increased by scratching, followed by burning.

*Kali carb.*—This medicine is of use in some of the same cases as *Carbo*. It is of use for itching of anus, ulcerated pimples at anus, burning and pinching, swollen, painful piles apt to protrude when making water and discharge from rectum of blood or mucus.

*Causticum*.—Suitable for stool attended with soreness, smarting, or burning in anus, also for itching of anus, oozing of moisture from rectum, large painful piles, pustule near anus discharging pus and blood, pain in perinaeum, *fissure about anus*, fistula. This medicine has hardly been used as much in these complaints as it appears to deserve, owing possibly to some prejudice against the preparation (which is not at all sustained by its use in disease). It is certainly worthy of trial after *carbo.* and muriatic acid, to which it is somewhat allied in action, or before those medicines if fitting more closely to the existing symptoms.

